

## Data Sheet

<b>USAID Mission:</b>	Regional Center for Southern Africa
<b>Program Title:</b>	Southern Africa Regional HIV/AIDS Program
<b>Pillar:</b>	Global Health
<b>Strategic Objective:</b>	690-019
<b>Status:</b>	New in FY 2004
<b>Planned FY 2005 Obligation:</b>	\$7,486,000 CSH
<b>Prior Year Unobligated:</b>	\$190,000 CSH
<b>Proposed FY 2006 Obligation:</b>	\$7,950,000 CSH
<b>Year of Initial Obligation:</b>	2004
<b>Estimated Year of Final Obligation:</b>	2008

**Summary:** USAID's Southern Africa Regional HIV/AIDS Program (RHAP), in partnership with the U.S. Centers for Disease Control and Prevention (CDC), strengthens U.S. Government (USG) efforts to combat the impact of HIV/AIDS across the region. While most regional programs are implemented by RCSA, RHAP is implemented by South Africa. The program works in 10 countries, including five President's Emergency Plan for AIDS Relief focus countries and five non-focus countries. The program also implements activities in Swaziland and Lesotho, which have HIV prevalence rates among the highest in the world. USAID support will improve the knowledge base of USG managers and implementing partners across the region in order to assure quality and effective programming. USAID activities will fill service delivery gaps, target high risk and mobile populations in 38 border communities, and strengthen the role of regional organizations in combating the epidemic. In addition, USAID will strengthen countries' use of data and information systems and facilitate cross-regional information exchange, with a particular emphasis on the dissemination and application of best practices across key technical areas related to HIV/AIDS.

### **Inputs, Outputs, Activities:**

**FY 2005 Program:** Reduce Transmission and Impact of HIV/AIDS (\$7,486,000 CSH, \$190,000 Prior Year CSH). USAID funds are increasing access to select HIV/AIDS services for over four million people across the region through a range of interventions. The program reaches vulnerable populations in Swaziland and Lesotho through five voluntary counseling and testing sites, balanced "ABC" ("Abstinence, Be Faithful, and, Correct and Consistent Condom Use") prevention programs, and three prevention of mother-to-child transmission (PMTCT) programs that reach mothers, children, and partners. In addition, the program's focused efforts in Swaziland and Lesotho support orphans and vulnerable children as well as palliative care programs, and include a focus on strengthening human capacity, especially in government and civil society, to manage the national HIV/AIDS programs. USAID is assessing the southern Africa HIV/AIDS prevention cross-border program--Corridors of Hope--and is beginning implementation of a program with common behavior change messages across the region. Five USAID regional technical advisors are supporting USAID country programs and implementing partners to improve the quality and use of surveillance and monitoring and evaluation data across the region. USAID is increasing participation of regional institutions in combating the HIV/AIDS epidemic and collaborating with other multilateral partners to develop capacity and leverage regional resources. Principal contractors and grantees: PACT, Inc., The Futures Group, Elizabeth Glaser Pediatric AIDS Foundation, ORC Macro, University of North Carolina, Johns Hopkins University, Family Health International, Population Services International, Public Health Institute, and Intra Health International (all prime); Academy for Educational Development, Into the Limelight, Columbia University, and CARE International (all subs).

**FY 2006 Program:** Reduce the Transmission and Impact of HIV/AIDS (\$7,950,000 CSH). USAID plans to help partners throughout the region to increase their technical, management and strategic planning skills to build on successful regional networks and institutions, and to promote policy development. The program also will facilitate greater participation of the commercial sector in the regional HIV/AIDS response. In FY 2006, USAID plans to continue collaboration with CDC to provide additional voluntary counseling and testing sites in Lesotho and Swaziland, improve laboratory services, and expand PMTCT programs in both countries. USAID may continue activities in behavior change promotion and service

delivery in high-risk, mobile, and migrant populations along eight transport corridors across the region. Regional activities also will encourage increased linkages with African and U.S.-based universities, training, and professional development institutions that will help build health sector capacity for the 10 countries in the southern Africa region. USAID may promote increased information exchange on best program practices; utilization of epidemiological data analysis in all HIV/AIDS programs; and advocacy on issues with region-wide implications, such as policies on improving training for health care providers, orphans and vulnerable children, and treatment. Principal contractors and grantees: Principal contractors and grantees: PACT, Inc., The Futures Group, Elizabeth Glaser Pediatric AIDS Foundation, ORC Macro, University of North Carolina, Johns Hopkins University, Family Health International, Population Services International, Public Health Institute, and Intrah Health International (all prime); Academy for Educational Development, Into the Limelight, Columbia University, and CARE International (all subs).

**Performance and Results:** USAID's five-year regional HIV/AIDS strategy for southern Africa was approved in April 2004. The regional program has assisted bilateral USAID programs, supported Lesotho and Swaziland to increase services to target populations, and built collaboration and consensus with other donor agencies and policy groups that are looking at needs and programs from a region-wide perspective. Throughout the year, USAID advisors provided technical support in Emergency Plan countries, including Mozambique, Namibia, South Africa, Botswana, and Zambia, especially in developing and implementing five-year strategies, country operational plans, and strategic information systems.

Rapid assessments for Lesotho and Swaziland were completed, resulting in key recommendations for expanded programs beginning in FY 2005. USAID supported a new PMTCT program in Swaziland with three sites selected by the national government. A total of 1,765 Swazi clients have received PMTCT services since these sites were opened in June 2004. The program also provided support for HIV testing and counseling at three new voluntary counseling and testing sites in Lesotho to avert over 10,800 HIV/AIDS cases. USAID also supported local capacity building efforts through collaboration with the World Bank Development Marketplace Country Innovation Day, which supports creative indigenous projects in Lesotho and Swaziland. USAID provided support for ongoing capacity-building efforts and small grant programs with community-based organizations in these countries.

USAID built on the achievements of the cross-border HIV/AIDS prevention program that reached over four million people in FY 2004 by providing essential information and services to prevent transmission of HIV. This program will continue to deliver cohesive and consistent prevention programs across eight countries, and will utilize a unified behavior change communication strategy.

Regional partners and local nongovernmental organizations benefited from cross-regional exchanges to improve skills in behavior change communication and monitoring and evaluation. USAID has been instrumental in the development of linkages across sub-regions to integrate PMTCT programs with maternal child health activities.

By the end of the program, eight million people and 40 service sites will have benefited from improved HIV/AIDS services. Regional USG programs will have improved the quality of their HIV/AIDS programs through technical assistance, regional capacity building, leveraging resources, knowledge management, and data for decision making. By FY 2008, USAID will have contributed substantially to reducing the impact of the epidemic in southern Africa and to strengthening the response of the USG and other partners in the region.

## US Financing in Thousands of Dollars

Regional Center for Southern Africa

690-019 Southern Africa Regional HIV/AIDS Program	CSH	ESF
<b>Through September 30, 2003</b>		
Obligations	0	0
Expenditures	0	0
Unliquidated	0	0
<b>Fiscal Year 2004</b>		
Obligations	5,760	1,000
Expenditures	61	26
<b>Through September 30, 2004</b>		
Obligations	5,760	1,000
Expenditures	61	26
Unliquidated	5,699	974
<b>Prior Year Unobligated Funds</b>		
Obligations	190	0
<b>Planned Fiscal Year 2005 NOA</b>		
Obligations	7,486	0
<b>Total Planned Fiscal Year 2005</b>		
Obligations	7,676	0
<b>Proposed Fiscal Year 2006 NOA</b>		
Obligations	7,950	0
Future Obligations	5,950	0
Est. Total Cost	27,336	1,000